

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled TAMPON, EXPECIALLY FOR FEMININE HYGIENE, AND A PROCESS AND APPARATUS FOR PRODUCING THIS,

the specification of which

(check one) [] is attached hereto.

[X] was filed on October 12, 1990 as
Application Serial No.

and was amended on

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

Country	Application Number	Date of Filing	Priority Claimed Under 35 U.S.C. 119
Germany	P3934153.4	12/10/89 Day/Mo./Year	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		Day/Mo./Year	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Day/Mo./Year	<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (patented, pending, abandoned)
Application Serial No.	Filing Date	Status (patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith as well as to file equivalent patent applications in countries foreign to the United States including the filing of international patent applications in accordance with the Patent Cooperation Treaty: Robert L. Minier (Reg. #20,083), Audley A. Ciamporzero, Jr. (Reg. #26,051), Steven P. Berman (Reg. #24,772), Andrea L. Colby (Reg. #30,194), One Johnson & Johnson Plaza, New Brunswick, NJ 08933.

Address all telephone calls to Andrea L. Colby at telephone no. (201) 524-2792.

Address all correspondence to Robert L. Minier, One Johnson & Johnson Plaza, New Brunswick, NJ 08933-7003.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature: _____

Full Name of Sole or First Inventor: Axel Frieese

Date: _____

Citizenship: Germany

Residence: 5630 Wermel Skirche, Durholzen 53, West Germany

Post Office Address: same as above

Inventor's Signature: _____

Full Name of Second Joint
Inventor, If Any

Date: _____

Citizenship:

Residence:

Post Office Address:

Inventor's Signature: _____

Full Name of Third Joint
Inventor, If Any

Date: _____

Citizenship:

Residence:

Post Office Address:

(Supply similar information and signature for fourth and subsequent joint inventors.)

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